

## **Nasal Polypectomy**

### **Definition**

Nasal = pertaining to the nose

Polyp = a growth, usually benign, protruding from a mucous membrane

-ectomy = surgical removal

This procedure involves removing abnormal growths of tissue called polyps from the lining of the nose.

### **Purpose of Procedure**

The reason for this procedure is to improve breathing through your nose and also, on rare occasions, to reduce the risk of cancer.

### **Preparation**

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood ("blood thinners, aspirin, anti-inflammatory medicines, etc..."). The most common of these medications are aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over-the-counter). *Please refer to the attached list and tell us if you took any of these within the past 10 days.* If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative / pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

### **Procedure**

This procedure begins with the use of packing material moistened with an anesthetic solution. Local anesthetic is also injected in several places inside the nose and through the roof of the mouth to help control bleeding and to decrease immediate post-operative discomfort. The packing is then removed and with the use of an endoscope for enhanced visualization, instruments are used to grasp the polyp and remove it. This is repeated until all the polyps are removed and breathing is improved. Temporary packing may be used to control bleeding.

### **Post Procedure**

Following the procedure, ice packs may be used to reduce the swelling and chances of bleeding. Discomfort will be managed with pain medication. If packing is used, it is usually removed within 2 to 3 days after the operation. Strenuous activity, lifting, and blowing your nose are not allowed for 2 weeks. Temporary use of over-the-counter nose sprays may be recommended. The polyps will be sent for pathologic evaluation to determine whether further treatment is required.

Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. Returning to work or school can occur as soon as pain medication is no longer needed during the day.

Regular follow-up visits will be scheduled until healing is complete.

### **Expectations of Outcome**

This procedure should allow air to pass more freely through both sides of the nose. It is not expected to replace the need for allergy medications if they were previously required.

### **Possible Complications of the Procedure**

Nasal polypectomy is a safe procedure, however, there may be uncommon risks associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding
- Infection
- Scarring of the inside of the nose
- Rare complications include bleeding around the eye or leakage of spinal fluid from the roof of the nose.

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have

previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).